

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 735

Registration District No.

Primary Registration District No.

Registrar's No. 533

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3016 N. 22nd. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 50 years.
years, months or days)

3. (a) PRINT FULL NAME Paul Raddatz

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased. April 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 3 hr. min.

9. Birthplace Germany. (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed 36 Years.

11. Industry or business.....

12. Name John Raddatz.
13. Birthplace Germany. (City, town, or county) (State or foreign country)
14. Maiden name Fredericka Stren.
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Augusta Raddatz.

(b) Address 3016 N. 22nd. St.

17. (a) Burial (b) Date thereof 1-19-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Johns Cem.

18. (a) Signature of funeral director. Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 18 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town. St. Louis. 20 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 N. 22nd. St. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day Jan.
year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 16 1942
1942, to Jan 16 1942
that I last saw him alive on 15th Jan 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Uremia from Chronic Nephritis.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury 11

23. Signature Chas. S. Rosen (M. D. or other)
Address 5598 E. 4th Ave. Date signed 1-16-42

Dr. Roemer.
Sarah. + Ethel.
3598² Ethel.
3 - 400 Bm.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1674

P. O. Address 2220 St. Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.